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## Application Number **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) \* May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND **AMENDMENT AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Total Total Indep indep Total Total Depend Depend Total

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